The **Pension** Specialists, Ltd.

Employee Census Information

Plan Name: _____

Plan Year End: _____ (12/31, 6/30) Tax Status: _____ (C-Corp., Partnership, S-Corp.)

EMPLOYEE NAME	*SOCIAL SECURITY NUMBER*	*BIRTH DATE*	*HIRE DATE*	*TITLE/ POSITION*	*ANNUAL COMPENSATION*	*ANNUAL HOURS WORKED*	*WORK STATUS*	*TERMINATION DATE*	*OWNER %*	*OFFICER YES / NO*
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INSTRUCTIONS FOR EMPLOYEE CENSUS:

WORK STATUS:
O=ACTIVE
T=TERMINATED
I=INACTIVE
R=RETIRED
E=DEAD/DISABLE

EXCLUDED FROM BENEFITING:
C=COMMSSIONED
Y=HOURLY
X=EXCLUDED CLASS
N=COVERED IN ANOTHER PLAN

EXCLUDED FROM TESTING & BENEFITING:
U=UNION
A=NONRESIDENT ALIEN
P=OTHER

OFFICER: IS THE EMPLOYEE AN OFFICER OF THE COMPANY (YES/NO)? MUST HAVE TRUE EXECUTION POWERS; PRES., V.P., TREAS., SEC., ETC. NOT A TITLE ONLY) WITH COMPENSATION IN EXCESS OF $60,000 DURING THE PLAN YEAR BEGINNING IN 1996.